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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			•						
DUE DATES:		February 1 to	rst Semester County Superin o State Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FOR	STATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning		,	20 and en	nding	,2	20	
			month	day		m	onth da	y	
CERTIF	ICATIO	N:							
The infor	mation on	this form is complete	e and accurate to th	e best of my kno	owledge.				
Date Signature, Chair, Board of Trustees									
County:		D	istrict:				District Lev	vel:	
08 Chouteau 0134 Fort Benton H S							High So	chool	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	1	1-Carter	158	1.80	84	08/20/05			
100	1	2-Loma	95	1.36	60	08/20/05			
100	1	3-Dorner	138	1.36	66	08/20/05			
100	1	4-East	76	1.15	54	08/20/05			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent S: February 15 to State Superintendent PLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR					May 24 to	Second Semester County Superinter State Superinter	tendent ndent
						ding		20 .
			month	day		_	onth da	ny ———
CERTIF	ICATIO	N:						
The infor	mation on	this form is complete a	nd accurate to th	e best of my kn	owledge.			
Date		Signa	ture, Chair, Board	d of Trustees				
County:		Distr	ict:				District Le	vel:
08 Chou	teau	013	7 Big Sand	ly Elem			Elemen	ıtary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	11	19-11-1	94	1.15	53	08/21/05		
50	11	19-11-2	94	1.36	66	08/21/05		
52	11	19-11-3	132	0.95	41	08/04/05		
50	11	19-11-4	122	0.95	41	08/04/05		
67	11	19-11-6	108	0.95	47	08/21/05		
50	11	19-11-8	49.5	1.15	53	08/21/05		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent LETE THIS CLAIM FOR STATE REIMBURSEMENT FOR						May 24 t	Second Semes o County Super o State Superint	intendent tendent
This clain	n is for the	period beginning	!			20 and e	nding		, 20 .
				month	day		0	nonth	day
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	<u> </u>				District	Level:
08 Chou	teau		0138	Big Sand	ly H S			High	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	2	19-11-1		94	1.15	53	08/21/05		
50	2	19-11-2		94	1.36	66	08/21/05		
48	2	19-11-3		132	0.95	41	08/04/05		
50	2	19-11-4		122	0.95	41	08/04/05		
33	2	19-11-6		108	0.95	47	08/21/05		
50	2	19-11-8		49.5	1.15	53	08/21/05		

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	Г 59620-25	01		School Bus 1	,		
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning, 20 and ϵ month day						20 and en	ndingm		, 20 lay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date	Signature, Chair, Board of Trustees									
County: District:							District L	evel:		
08 Chouteau 0145 Highwood Elem							Eleme	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	s	Bus Driver's locial Security #
65	28	1		46.6	0.95	48	07/11/05			

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07/11/05

07/11/05

07/11/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE February 1 to County Superintendent DATES: February 15 to State Superintendent						•	Second Semester to County Superin to State Superinter	tendent
COMPLI	ETE TH	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	month	, day	20 and e	ndingn	nonth da	20
CERTIF	ICATIO	N:						
The infor	mation on	this form is comp	lete and accurate to th	e best of my kn	owledge.			
Date Signature, Chair, Board of Trustees								
County:			District:				District Le	vel:
08 Chou	iteau		0146 Highwoo	od H S			High S	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
35	4	1	46.6	0.95	48	07/11/05		
35	4	2	91.1	0.95	48	07/11/05		
35	4	3	110.4	0.95	48	07/11/05		
35	4	4	61.6	1.36	66	07/11/05		
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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOI	R SCHOOL BUS TRANSPORTATION:
This claim	is for the period beginning	and ending, 20

				шошш	uay		111	опш	u	ay
CERTIF	ICATIO:	N:								
The infor	The information on this form is complete and accurate to the best of my knowledge.									
Date			Signatu	Signature, Chair, Board of Trustees						
County:			District:						District Le	evel:
08 Chou	iteau		0153 Geraldine Elem					Elemei	ntary	
	District	Route		Miles	Rate			D	ays	Bus Driver's
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Оре	erated	Social Security #
60	44	1		84	0.95	41	08/19/05			
60	44	2		70	0.95	40	08/19/05			

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08/19/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

— — Ticiciia, WT 33020-2301										
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning					20 and e	and ending, 20				
			month	day		m	onth da	y		
CERTIF	ICATION	N:								
The infor	mation on t	this form is compl	ete and accurate to	the best of my kn	owledge.					
Date Signature, Chair, Board of Trustees										
County: District:						District Level:				
08 Chouteau 01			154 Geraldine H S				High School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
40	3	1	84	0.95	41	08/19/05				
40	3	2	70	0.95	40	08/19/05				
40	3	3	58	0.95	48	08/19/05				
	<u> </u>		•	•	•					